

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

FILED		CALIFORNIA FORM 460	
		Page <u>1</u> of <u>9</u>	For Official Use Only
Statement covers period from <u>07/01/2008</u>	Date of election if applicable: (Month, Day, Year) <u>11/04/2008</u>	CITY OF SANTA MARIA BY: <u>City Clerk</u>	
<p>SEE INSTRUCTIONS ON REVERSE</p> <p>1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.</p> <p><input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> Primarily Formed Ballot Measure Committee</p> <p><input checked="" type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Controlled</p> <p><input type="checkbox"/> Recall <input type="checkbox"/> Sponsored</p> <p>(Also Complete Part 5) <input type="checkbox"/> Sponsored</p> <p><input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee</p> <p><input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee</p> <p>(Also Complete Part 7)</p>			

<p>2. Type of Statement:</p> <p><input checked="" type="checkbox"/> Preelection Statement <input type="checkbox"/> Quarterly Statement</p> <p><input type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Special Odd-Year Report</p> <p><input type="checkbox"/> Termination Statement <input type="checkbox"/> Supplemental/Preelection Statement</p> <p>(Also file a Form 410 Termination) <input type="checkbox"/> Statement - Attach Form 495</p> <p><input type="checkbox"/> Amendment (Explain below).</p>	
<p>3. Committee Information</p> <p>I.D. NUMBER <u>1307852</u></p> <p>COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Friends Of Mike Cordero</p> <p>STREET ADDRESS (NO P.O. BOX) 1212 S Victory Blvd</p> <p>CITY Burbank STATE CA ZIP CODE 91502 AREA CODE/PHONE (818) 260-0669</p> <p>MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE</p> <p>OPTIONAL: FAX / E-MAIL ADDRESS</p>	
<p>4. Verification</p> <p>I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p> <p>Executed on <u>10/03/2008</u> Date <u>10/03/2008</u> By <u>Kinde Durkee</u> Signature of Treasurer or Assistant Treasurer</p> <p>Executed on <u>10/03/2008</u> Date <u>10/03/2008</u> By <u>Mike Cordero</u> Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor</p> <p>Executed on _____ Date _____ By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent</p> <p>Executed on _____ Date _____ By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent</p>	

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

FPPC

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM
460**

Page 2 of 9

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Mike Cordero	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member, City Of Santa Maria, District: n/a
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY 1212 S Victory Blvd	STATE ZIP Burbank CA 91502
COMMITTEE NAME	I.D. NUMBER

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

6. Ballot Measure Committee

NAME OF BALLOT MEASURE 	BALLOT NO. OR LETTER 	JURISDICTION 	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER 	OFFICE SOUGHT OR HELD 	DISTRICT NO. IF ANY
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7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD 	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
COMMITTEE ADDRESS	STREET ADDRESS (NO PO. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD 	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
CITY	STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD 	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD 	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD 	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
COMMITTEE ADDRESS	STREET ADDRESS (NO PO. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD 	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
CITY	STATE ZIP CODE AREA CODE/PHONE			

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

NAME OF FILER Friends Of Mike Cordero		SEE INSTRUCTIONS ON REVERSE
Statement covers period from <u>07/01/2008</u> through <u>09/30/2008</u>		SUMMARY PAGE CALIFORNIA FORM 460
		Page <u>3</u> of <u>9</u>
		I.D. NUMBER <u>1307852</u>

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1.	Monetary Contributions	Schedule A, Line 3 \$ <u>12760.00</u>	\$ <u>12760.00</u>
2.	Loans Received	Schedule B, Line 7 \$ <u>26200.00</u>	\$ <u>26200.00</u>
3.	SUBTOTAL CASH CONTRIBUTIONS	\$ <u>38960.00</u>	\$ <u>38960.00</u>
4.	Nonmonetary Contributions	Schedule C, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
5.	TOTAL CONTRIBUTIONS RECEIVED	\$ <u>38960.00</u>	\$ <u>38960.00</u>

Expenditures Made

6.	Payments Made	Schedule E, Line 4 \$ <u>26806.21</u>	\$ <u>26806.21</u>
7.	Loans Made	Schedule H, Line 7 \$ <u>0.00</u>	\$ <u>0.00</u>
8.	SUBTOTAL CASH PAYMENTS	\$ <u>26806.21</u>	\$ <u>26806.21</u>
9.	Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
10.	Nonmonetary Adjustment	Schedule C, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
11.	TOTAL EXPENDITURES MADE	\$ <u>26806.21</u>	\$ <u>26806.21</u>

Current Cash Statement

12.	Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>0.00</u>	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13.	Cash Receipts	Column A, Line 3 above \$ <u>38960.00</u>	\$ <u>38960.00</u>
14.	Miscellaneous Increases to Cash	Schedule I, Line 4 \$ <u>0.00</u>	\$ <u>0.00</u>
15.	Cash Payments	Column A, Line 8 above \$ <u>26806.21</u>	\$ <u>26806.21</u>
16.	ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 \$ <u>12153.79</u>	\$ <u>12153.79</u>

If this is a termination statement, Line 16 must be zero.

Cash Equivalents and Outstanding Debts

18.	Cash Equivalents	Schedule B, Part 2 \$ <u>0.00</u>	\$ <u>0.00</u>
19.	Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ <u>26200.00</u>	\$ <u>26200.00</u>

*Since January 1, 2001. Amounts in this section may be
different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A
CALIFORNIA
FORM
460

		CALIFORNIA FORM 460	
		Statement covers period from <u>07/01/2008</u>	through <u>09/30/2008</u>
		Page <u>4</u>	of <u>9</u>
		I.D. NUMBER 1307852	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends Of Mike Cordero

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/30/2008	Kathryn Bernard 2860 Cathedral Ln Arroyo Grande CA 93420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	\$100.00 G2008
09/30/2008	Olivia Bolanos 3046 Bunfill Santa Maria CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Santa Maria-Bonita School District	100.00	100.00	\$100.00 G2008
07/01/2008	Karen Giles-King 555 Camino Roble Nipomo CA 93444	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Agriculturalist Karen A. Giles-King	1000.00	1000.00	\$1000.00 G2008
09/30/2008	Dorothy Gomes 418 N Tiffany Dr Santa Maria CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	\$100.00 G2008
09/30/2008	Beverly Larson 637 Sandydale Rd Nipomo CA 93444	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	250.00	250.00	\$250.00 G2008
				SUBTOTAL \$	1550.00	

Schedule A Summary

1. Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.).....\$ 12450.00
2. Amount received this period – unitemized contributions of less than \$100
3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 12760.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM
460

NAME OF FILER	Statement covers period from <u>07/01/2008</u> through <u>09/30/2008</u>	Page <u>5</u> of <u>9</u>
Friends Of Mike Cordero		I.D. NUMBER <u>1307852</u>
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	PER ELECTION TO DATE (IF REQUIRED)
CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
		AMOUNT RECEIVED THIS PERIOD
09/30/2008	V James Miller 1173 Mira Flores Dr Santa Maria CA 93455	Retired <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC N/A
09/30/2008	Toru Miyoshi 437 E McElhany Av Santa Maria CA 93454	Retired <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC N/A
09/30/2008	Marylyn Muzer 1329 N Christina St Santa Maria CA 93454	Retired <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC N/A
09/03/2008	Jo Ann Oliver 417 Marian Dr Santa Maria CA 93454	Owner <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC PepperTree Chevron
09/30/2008	Lila Reynolds 1702 N Benwiley Av Santa Maria CA 93458	Retired <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC N/A
		SUBTOTAL \$ <u>650.00</u>

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER Friends Of Mike Cordero		Statement covers period		CALIFORNIA 460 FORM	
		from <u>07/01/2008</u>	through <u>09/30/2008</u>	Page <u>6</u>	of <u>9</u>
DATE RECEIVED 09/30/2008	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER) Santa Maria Police Officers Association PAC 222 E Cook Santa Maria CA 93456	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) 1292068	AMOUNT RECEIVED THIS PERIOD 10000.00	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) 10000.00
		<input type="checkbox"/> IND	<input checked="" type="checkbox"/> COM	<input type="checkbox"/> OTH	PER ELECTION TO DATE (IF REQUIRED) \$10000.00 G2008
		<input type="checkbox"/> PTY	<input type="checkbox"/> SCC		
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		<input type="checkbox"/> IND	<input type="checkbox"/> COM	<input type="checkbox"/> OTH	
		<input type="checkbox"/> PTY	<input type="checkbox"/> SCC		
DATE RECEIVED 09/30/2008	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER) Hilda Zacarias 1029 Big Pine Dr Santa Maria CA 93454	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Non-Profit Administrator Santa Barbara Family Care Center	AMOUNT RECEIVED THIS PERIOD 250.00	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) 250.00
		<input type="checkbox"/> IND	<input checked="" type="checkbox"/> COM	<input type="checkbox"/> OTH	PER ELECTION TO DATE (IF REQUIRED) \$250.00 G2008
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*Contributor Codes

IND - Individual

COM – Recipient Committee
(other than PTY or SCC)

OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free HelpLine: 866/ASK-FPPC

Schedule B – Part 1
Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends Of Mike Cordero

CALIFORNIA FORM	
460	
Statement covers period from <u>07/01/2008</u>	through <u>09/30/2008</u>
Page <u>7</u>	of <u>9</u>
I.D. NUMBER <u>1307852</u>	

NAME OF FILER Friends Of Mike Cordero		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Mike Cordero		Lieutenant			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 21171.18 <hr/> <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	0.00 <hr/> RATE <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 3128.89 <hr/> RATE <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	CALENDAR YEAR \$ 26200.00 <hr/> PER ELECTION** \$26200.00 G2008
1324 Ruby Court Santa Maria	CA 93454 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Maria Police Department	\$ 0.00	\$ 21171.18					
Mike Cordero		Lieutenant			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 3828.82 <hr/> <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	0.00 <hr/> RATE <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 3828.82 <hr/> RATE <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	CALENDAR YEAR \$ 26200.00 <hr/> PER ELECTION** \$26200.00 G2008
1324 Ruby Court Santa Maria	CA 93454 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Maria Police Department	\$ 0.00	\$ 3828.82					
Mike Cordero		Lieutenant			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1200.00 <hr/> <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	0.00 <hr/> RATE <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1200.00 <hr/> RATE <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	CALENDAR YEAR \$ 26200.00 <hr/> PER ELECTION** \$26200.00 G2008
1324 Ruby Court Santa Maria	CA 93454 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Maria Police Department	\$ 0.00	\$ 1200.00					
SUBTOTALS				\$ 26200.00			\$ 26200.00	\$ 0.00	

Schedule B Summary

1. Loans received this period.....
(Total Column (b) plus unitemized loans less than \$100.)
.....\$ 26200.00
2. Loans paid or forgiven this period.....
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
.....\$ 0
3. Net change this period. (Subtract Line 2 from Line 1).....
Enter the net here and on the Summary Page, Column A, Line 2.
.....\$ 26200.00
(May be a negative number)

*Amounts forgiven or paid by
another party also must be
reported on Schedule A.
** If required.

[†]Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)

PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E
CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Friends Of Mike Cordero

Statement covers period from <u>07/01/2008</u>	through <u>09/30/2008</u>	Page <u>8</u> of <u>9</u>
		I.D. NUMBER <u>1307852</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
 CMP campaign paraphernalia/misc.
 CNS campaign consultants
 CTB contribution (explain nonmonetary)*
 CVC civic donations
 FIL candidate filing/ballot fees
 FND fundraising events
 IND independent expenditure supporting/opposing others (explain)*
 LEG legal defense
 LIT campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Voter Guide			
1954 W Carson St #B Torrance City Of Santa Maria	LIT		2425.00
110 E Cook St Santa Maria	595004		
Freeman Public Affairs			
1405 Marcelina Ave #111 Torrance	FIL		1200.00
	LIT		15299.46
			SUBTOTAL \$ 18924.46

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)
2. Unitemized payments made this period of under \$100
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

\$ 26796.21	\$ 10.00
\$ 0	\$ 0
TOTAL \$ 26806.21	

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

**SEE INSTRUCTIONS ON REVERSE
NAME OF FILER**
Friends Of Mike Cordero

Statement covers period from <u>07/01/2008</u> through <u>09/30/2008</u>		CALIFORNIA 460 FORM	Page <u>9</u> of <u>9</u>
			I.D. NUMBER 1307852

CODES: If one of the following codes accurately describe your campaign, explain how it applies.	
CMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LIT	campaign literature and mailings

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MBR	member communications
MTG	meetings and appearances
OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRT	print ads
RAD	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers' salaries
TEL	t.v. or cable airtime and production costs
TRC	candidate travel, lodging, and meals
TRS	staff/spouse travel, lodging, and meals
TSF	transfer between committees of the same candidate/sponsor
VOT	voter registration
WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE

2510 Monterey
Torrance Freeman Public Affairs CA 90503

1405 Marcelina Ave #111
Torrance CA 90501
U.S. Post Office

1075 N Tustin St
Orange
Latino Today Publishing

57 E Chapel St
Santa Maria CA 93454

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 7871.75

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC